2021 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES				
	Premium Cost			PBA
Person(s) Covered	Annual	Monthly	COBRA	All Unit Members
Single	\$8,095.56	\$674.63	\$688.12	\$67.46
Sponsor Two Person	\$18,679.44	\$1,556.62	\$1,587.75	\$155.66
Family	\$21,545.52	\$1,795.46	\$1,831.37	\$179.55
Family No Spouse	\$20,464.56	\$1,705.38	\$1,739.49	\$170.54
Single	\$6,357.12	\$529.76	\$540.36	\$25.00
Sponsor Two Person	\$14,642.52	\$1,220.21	\$1,244.61	\$50.00
Family	\$16,873.32	\$1,406.11	\$1,434.23	\$50.00
Family No Spouse	\$16,039.92	\$1,336.66	\$1,363.39	\$50.00
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Single	\$3,609.12	\$403.52	\$411.59	\$10.00
Family No Spouse	\$9,106.08	\$1,018.14	\$1,038.50	\$248.11
0'	<b>0.445.00</b>	007.40	007.04	Φο οο
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	Person(s) Covered Single Sponsor Two Person Family Family No Spouse Single Sponsor Two Person Family Family No Spouse Single Single Single	Person(s) Covered         Annual           Single         \$8,095.56           Sponsor Two Person         \$18,679.44           Family         \$21,545.52           Family No Spouse         \$20,464.56           Single         \$6,357.12           Sponsor Two Person         \$14,642.52           Family         \$16,873.32           Family No Spouse         \$16,039.92           Single         \$3,609.12           Family No Spouse         \$9,106.08           Single         \$445.20	Person(s) Covered         Annual         Monthly           Single         \$8,095.56         \$674.63           Sponsor Two Person         \$18,679.44         \$1,556.62           Family         \$21,545.52         \$1,795.46           Family No Spouse         \$20,464.56         \$1,705.38           Single         \$6,357.12         \$529.76           Sponsor Two Person         \$14,642.52         \$1,220.21           Family         \$16,873.32         \$1,406.11           Family No Spouse         \$16,039.92         \$1,336.66           Single         \$3,609.12         \$403.52           Family No Spouse         \$9,106.08         \$1,018.14           Single         \$445.20         \$37.10	Person(s) Covered         Annual         Monthly         COBRA           Single         \$8,095.56         \$674.63         \$688.12           Sponsor Two Person         \$18,679.44         \$1,556.62         \$1,587.75           Family         \$21,545.52         \$1,795.46         \$1,831.37           Family No Spouse         \$20,464.56         \$1,705.38         \$1,739.49           Single         \$6,357.12         \$529.76         \$540.36           Sponsor Two Person         \$14,642.52         \$1,220.21         \$1,244.61           Family         \$16,873.32         \$1,406.11         \$1,434.23           Family No Spouse         \$16,039.92         \$1,336.66         \$1,363.39           Single         \$3,609.12         \$403.52         \$411.59           Family No Spouse         \$9,106.08         \$1,018.14         \$1,038.50           Single         \$445.20         \$37.10         \$37.84

<sup>\*</sup> Value 2 has a \$10/\$30/\$50 Rx benefit. All other benefits are the same as Value

<sup>\*\*</sup> Signature Deductible is an HDHP that comes with County funded \$500/\$1000 HSA for out-of-pockets expenses

<sup>\*\*\*</sup> Obamacare AMV (Affordable Minimum Value) is a \$6,000/\$12,000 HDHP plan offered in compliance with Obamacare employer mandates.